

Human Services Commission Workgroup: System Design  
1<sup>st</sup> Meeting  
Tuesday, July 19, 2-4 p.m.  
JRTC 2-025

Start at 2:13.

### **Attendees**

Joe Antolin, Heartland Alliance  
John Bouman, Shriver Center on Poverty Law  
Eileen Durkin, Neumann Family Services  
Anne Irving, AFSCME  
Larry Joseph, Voices for IL Children  
Mike Koetting, HFS  
Jim Lewis, Chicago Community Trust  
Sharron Matthews, HFS  
Barbara Otto, National Consortium for Health Systems Development  
Roopa Seshardi, Chapin Hall  
Layla Sulieman-Gonzalez, DHS  
Ray Vazquez, YMCA  
Maria Whelan, IL Action for Children

### **Phone Participants**

Jessica Bruskin, Governor's Office  
Michelle Carmichael, ISBE  
Carrie Thomas, Chicago Jobs Council

## **ACA Implementation and Human Services**

### **Discussion**

1. Generate sets of recommendations on implementation of health care reform
  - a. Barbara's thoughts on issues the Commission should consider: health care delivery system itself; considerable expansion will ensue. What have we done about the capacity of the existing system given that the delivery system out there is not a part of the Medicaid funded system?  
Build capacity to be a part of Medicaid system?  
What kind of decisions will be made within ACA that will bring in dollars to enhance the delivery system?
  - b. Mike: Focused on 3 major priorities

- Construct the new insurance market
- Expand access
- Strengthen the delivery system

i. Insurance Market

1. Creation of a health care marketplace where people can purchase insurance and can be subsidized depending on income levels
2. People get easy access to a fair and competitive marketplace
3. Significantly expand Medicaid - will include a fair number of people familiar with other systems in Illinois but are not eligible for all

State currently has a variety of options regarding how to set access levels and include people in different types of coverages. These options will define, in part, what services the state will be able to pay for and levels of federal match.

c. Larry: Do you have any estimates of the number of people likely to add coverage?

Mike: There are estimates ranging from 300,000 or higher.

- i. Estimate that 15-20% will have been involved in the justice system
- ii. People cycle in and out of eligibility because they are not in salaried jobs

d. Mike: The state has the option to expand Medicaid to 200% poverty- basic health plan

- i. Take up rate; and the “woodwork effect” - how many of those 20% now eligible will actually come in?
  1. Need to figure out the risk profile of those who will be on a basic health plan.
  2. Decision on the basic health plan affects administrative costs of the exchange.

e. Larry: The development of a new eligibility system is very important; take up rate is very responsive to system design. The new system will need to be internet based, but will also need to be accessible to many different types of service populations. A comprehensive inventory of those who are eligible should be made.

The following will need to be considered by and regarding future clients:

- i. What are the implications of various choices?
- ii. In what languages will information be provided?

The state must contract system navigators.

- iii. How much will things change?
  - iv. How will the people respond to the new system?
- f. We must move toward a coordinated system across service functions.  
Do we have the capacity to administer the program?
- g. Sharron: Consider using a business enterprise model  
Joe: Raised the issue that even under the non-profit contracting model, there is insufficient revenue to cover provider expenses. Allowing profit will only encourage providers to cut costs even further and offer even lower worker salaries.
- h. Larry: Choosing between various care provision systems will have critical impacts on cost and outcomes. We are not sure that managed care has the same experience as front line providers in order to care for the most vulnerable populations (multiple issues).
  - i. Are groups that have real experience always most accountable care organizations?
  - ii. Should there be automatic enrollment for people coming out of prison?
  - iii. We must consider standards for human care in deciding what services to offer.
- i. We must talk about core values and principles as a Commission
- j. Planning should consider roles and collaboration of counties, City of Chicago and state.
- k. Health information records exchange is also critical. It should include as much scope as is possible, human services, dental, others. Federal funding will be relied upon for implementation.
- l. It would be helpful if HFS could produce a list of critical decisions it needs to make.

***Areas for recommendations surfaced during the conversation included:***

- a) Choosing the basic plan strategy that best balances the interests of breadth of service for low income persons with maximizing federal match.
- b) Finding ways to maximize take-up including use of internet and kiosks
  - a. Will require assistance/navigation for many users

- b. May require network of provider organizations to provide assistance
  - c. Consider automatic enrollment for homeless, re-entrants or other key populations
  - d. Accommodate language needs
  - e. Co-location of services may be needed
  - f. Outreach efforts will be needed
  - g. Need an inventory of who new eligibles will be
- c) New medical system should encourage care coordination
  - a. Needs to pay for case management
  - b. Need to create provider capacity to bill Medicaid
  - c. Needs to help providers build services around supportive housing
  - d. Needs to support efforts to accommodate *Williams* and other litigation
- d) Will need greater HFS capacity to administer reforms
- e) Federal government should be encouraged to consider more items reimbursable such as:  
Transitional housing, social work, home visits for elderly, sexual assault counseling, care coordination and others
- f) Possible recommendation regarding the desirability of the state contracting with for-profit entities for service provision.
- g) Find ways to incorporate human services into medical record sharing.

## 2. Budgeting for Results

### Discussion

- a. State Department stakeholders have been left out of the process thus far to a significant degree, which is problematic for many reasons.
  - i. A significant number of members of the House Appropriations Committee were unclear about the process during the past year's budget process.
  - ii. There is a need to better inform Members regarding the budget process and accountability.
- b. The Commission needs to communicate with agency directors and find out how budgeting for results has affected them since June 30<sup>th</sup> and have members of the Governor's team appear before the Commission to describe how the information has influenced their decisions and their planning process.
  - i. Unified budget for long-term care
- c. We need strong intermediaries and be better organized to provide services.
  - i. Providers can't really tell you the results

- d. We must develop a plan for capacity building and work with the Governor's office.

***Possible recommendations surfaced during the discussion include:***

- a) Include state agencies better in the budget process
- b) Educate elected officials on the process and its purpose
- c) Remove HFS from the human services category
- d) Create a consensus revenue estimate
- e) Create a more rigorous process to take into consideration the strongest and most important state functions.

It was recommended to defer Commission consideration of recommendations surrounding Budgeting for Results until after Agency directors were heard from on August 9.

3. It was suggested that extension of the Commission's life should be considered.

**Next Steps:**

Maria and Joe to produce a base list of recommendations from the Commission covering a variety of areas including: accountable care organizations, basic health plan, standards for medical care billing, and maximizing uptake. This list will be sent to Brandon by July 22 and then distributed to participants to either suggest language or additional recommendations.

Sharron will send a list of key decisions HFS will be making to implement ACA in Illinois to Brandon within 10 days.

At least one additional meeting of the work group will be scheduled to review these documents and attempt to formulate a final set of recommendations for Commission consideration.